

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10723238**  
APPLICANT(S)

FILING DATE

AS FILED		APPROPRIATE ADJUSTMENT		APPROPRIATE ADJUSTMENT		CLAIMS							
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1	1												
2		1											
3		1											
4		1											
5		4											
6	1												
7		1											
8		1											
9		1											
10		1											
11		1											
12		1											
13		1											
14		1											
15		1											
16		1											
17		1											
18		1											
19		13											
20		13											
21		13											
22		13											
23		13											
24	1												
25		1											
26		1											
27		1											
28		1											
29		5											
30		5											
31		5											
32		5											
33		5											
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	3												
TOTAL DEP.	96												
TOTAL CLAIMS	99												
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													